

**ARKANSAS MOTOR VEHICLE ACCIDENT REPORT  
(SR-1)**

**SEE REVERSE SIDE FOR INSTRUCTIONS**

For reporting motor vehicle accidents which resulted in damage to the property of any one person in excess of \$500.00 or in bodily injury to or in the death of any one person. TO BE FILED WITH:  
SAFETY RESPONSIBILITY SECTION  
PO BOX 1272, LITTLE ROCK, AR 72203  
(501) 682-7100

*Departmental Use Only*

S.R. Case Number \_\_\_\_\_

**YOUR VEHICLE**

**TO BE FILLED WITHIN THIRTY DAYS OF THE ACCIDENT**

**OTHER VEHICLE**

1. Driver's Name: \_\_\_\_\_

2. \_\_\_\_\_  
DRIVER' LICENSE NUMBER STATE

3. \_\_\_\_\_  
STREET OR R.F.D. NUMBER

4. \_\_\_\_\_  
CITY STATE ZIP CODE

5. Owner's Name: \_\_\_\_\_

6. \_\_\_\_\_  
STREET OR R.F.D. NUMBER

7. \_\_\_\_\_  
CITY STATE ZIP CODE

8. Vehicle: \_\_\_\_\_  
MAKE YEAR VEH. LIC. NO. STATE

9. Accident location :  
in or near \_\_\_\_\_  
CITY OR TOWN

10. On: \_\_\_\_\_  
STREET, ROAD, OR HWY NO. ACCIDENT OCCURRED ON

11. **DATE OF ACCIDENT** \_\_\_\_\_

12. Time \_\_\_\_\_ AM \_\_\_\_\_ PM

13. Cost of Repairing your Vehicle \$ \_\_\_\_\_  
(Cost of replacement if total loss)

14. Damage to property other than Vehicle \$ \_\_\_\_\_

Describe property \_\_\_\_\_

15. **Description of Accident** --- Use the space provided on the reverse side of this form for your description and diagram. Be complete and concise. This description may be used as information for an administrative hearing on fault. You may attach supplemental pages if needed. Please write legibly.

16. Driver's Name: \_\_\_\_\_

17. \_\_\_\_\_  
DRIVER'S LICENSE NUMBER STATE

18. \_\_\_\_\_  
STREET OR R.F.D. NUMBER

19. \_\_\_\_\_  
CITY STATE ZIP CODE

20. Owner's Name: \_\_\_\_\_

21. \_\_\_\_\_  
STREET OR R.R.D. NUMBER

22. \_\_\_\_\_  
CITY STATE ZIP CODE

23. Vehicle: \_\_\_\_\_  
MAKE YEAR VEH. LIC. NO. STATE

24. Cost of Repairing Other Vehicle \$ \_\_\_\_\_

**25. FATALITIES/INJURIES TO PERSONS IN YOUR VEHICLE:**

List names of person(s) injured or killed in accident

Check names of people injured or killed while riding in your vehicle

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

The information contained on this report is true and correct to the best of my knowledge and belief:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION OF LIABILITY INSURANCE (SR-21)**

26. If a policy of automobile liability insurance covering you as owner or operator was in effect at the time of the accident, contact the agent of your liability carrier at once and have him complete the items below:

\_\_\_\_\_  
Description of Vehicle in Accident (Not required if Operator's Policy)

\_\_\_\_\_  
YEAR OR MODEL MAKE VIN. NO.

OWNER \_\_\_\_\_  
LAST FIRST MIDDLE ADDRESS

OPERATOR \_\_\_\_\_  
LAST FIRST MIDDLE ADDRESS

Name of Insurance Company \_\_\_\_\_

Company Address \_\_\_\_\_

Policy No. \_\_\_\_\_

Liability limits at least equal to those required by this State:

Yes \_\_\_\_\_ No \_\_\_\_\_

Coverage applies to: Owner \_\_\_\_\_ Yes \_\_\_\_\_ No

Operator \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
AGENT'S TELEPHONE NUMBER

\_\_\_\_\_  
DATE

## INSTRUCTIONS

A. Who must report. The driver of every motor vehicle who is involved in any accident within this State which results in damage to the property of any one person in excess of **\$500.00 or** which causes the injury or death of any person regardless of who is at fault. **TO BE FILED WITHIN THIRTY DAYS OF THE ACCIDENT.**

- (1) If driver injured. If the driver is incapacitated by injuries received in the accident, the owner (if the driver and owner are different persons) shall report. If, however, the driver and the owner are the same person, the driver will be excused from reporting during this period of his injury.

B. Reports of Investigating Officers. These reports are not filed with the Department of Finance & Administration. The driver will, however, find the officer's report useful as a source of information..

C. Filling Out This Report. Begin with numbered Line 1 on the face of this report and fill out lines 1 through 25. Numbered lines which do not apply to this accident must have the word "NONE" inserted.

Example: If your vehicle was legally parked at the time of the accident write "NONE" (Legally Parked) in Lines 1 through 4. If the other vehicle was legally parked the same words would be inserted on Lines 16 through 19.

- (1) Do not insert indefinite information. Example: Do NOT insert "Total Loss" on either Line 13 or 24. Show the amount it will cost to replace this vehicle.
- (2) For hit and run accidents, where the offending driver and owner are unknown to anyone, even law enforcement officers insert "Hit and Run" on lines 16 through 24.
- (3) Where more than two vehicles are involved in an accident attach an additional report for each additional vehicle, filling out lines 16 through 24.

D. Proof of Financial Responsibility. The law requires that the driver and owner of every vehicle involved in the accident file proof of financial responsibility with the Department of Finance and Administration immediately after the accident has occurred. This proof of financial responsibility can be filed only in the manner provided by the law.

- (1) An SR-21 (See Line 26, Face of the Report). The SR-21 must show limits of \$25,000, \$50,000, and \$25,000, or state that the limits at least equal those required by State (Arkansas).
  - (2) **A Deposit of Security as tabulated by this Department.**
  - (3) A written release of liability signed by the other party in the accident. (Must be submitted by this Department)
  - (4) A final civil adjudication of non-liability from a court of competent jurisdiction. Trial in traffic court is not an adjudication of non-liability. (Submit certified copy of the judgement to this Department).
  - (5) **A covenant not to sue. (Must be in writing and signed by the adverse party). Must be notarized.**
  - (6) **A written agreement which has been accepted by the appropriate parties to the payment of damages in installments. (A copy of this agreement must be filed with this Department.)**
  - (7) A written statement by the adverse party of his liability insurance carrier that they have reimbursed you for your property damage.
  - (8) A written request to this Department for a hearing to determine if there is a reasonable possibility that a judgement may be rendered against you as a result of the accident. If the hearing indicates such judgement does not seem likely, then the Department may not require the security deposit.
  - (9) **A copy of a bankruptcy petition with a list of creditors naming all parties.**
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15. Description of Accident: